



Methamphetamine Resources in Columbia County

FAMILY RESPONSE TO METH

Things Families Should Know:

A family member should not blame himself or a family member if he has a substance abuse problem. The important thing is to act now to find the best available services to help them stop using drugs and alcohol and begin building a drug-free future

What is Chemical Dependency?

Chemical dependency is a psychological, and sometimes physical, need to use alcohol or other drugs that doesn't go away even when using them causes negative consequences. It is a primary, chronic disease with genetic, psychosocial, and environmental factors that influence its development and manifestations. The disease is often progressive and fatal.

For Support Who Do You Call?

For assessment or counseling:

Columbia Community Mental Health
Pathways

For Families:

Al-Anon

Narcotics Anonymous-Longview

National Hope Line:

Suicide Prevention

Teen Crisis Hotline

Rape, Abuse, & Incest National Hotline-RAINN

Teens Helping Teens Youthline:

Linea de Ayuda-informacion de adicciones:

Columbia County:

Women's Resource Center

Alcoholics Anonymous

Columbia County Public Health District

Primary, Chronic, & Progressive Dependency

Chemical dependency is a primary disease. It is a disease in addition to, and separate from, other medical problems that may be associated with it. Chemical dependency is not a symptom of an underlying disease state, and it can happen to anyone.

Chemical dependency is *chronic*. A person who has developed the disease of chemical dependency will have it for life. This condition can't be cured, but it can be treated.

Chemical dependency is *progressive*. The physical, emotional, and social problems associated with chemical dependency continue to get worse unless alcohol and/or drug use is stopped. Those problems are often cumulative and appear to progress as the use of chemicals continues. Left untreated, the disease results in premature death from associated health problems, accidents or other traumatic events.

800-294-5211 or 503/397-5211
503/366-4540

800/ 344-2666
866/435-7701
800-784-2433
800-273-TALK
800-660-0934
800-656-4673
877-553-TEEN
877-515-7848

503-397-6161
503/366-0667
503/397-4651

CRYSTAL METH ANONYMOUS meets at CCMH Creekside on Wednesday nights at 6:30

Risks to children include:

- ❖ Exposure to explosive, flammable, toxic ingredients stored in kitchen cabinets, bathrooms and bedrooms
- ❖ Access to meth and paraphernalia (including needles)
- ❖ Presence of loaded weapons in the home and booby traps (due to paranoia of meth users)
- ❖ Physical and sexual abuse
- ❖ Exposure to high risk populations (sexual abusers, violent drug users)
- ❖ Neglect including poor nutrition and poor living conditions
- ❖ Presence of pornography

If a pregnant woman uses meth, the baby may experience:

- ❖ Premature birth
- ❖ Low birth weight
- ❖ Cerebral injuries
- ❖ Cerebral palsy and paralysis
- ❖ Dopamine depletion
- ❖ Abnormal sleep patterns
- ❖ Poor feeding
- ❖ Limpness
- ❖ Apparent depression
- ❖ Shaking and tremors
- ❖ Irritability
- ❖ Fits of rage
- ❖ Sensitivity to stimuli including human touch and regular light
- ❖ Coordination problems

In cases where an intervention is done and the child receives appropriate services, the child may not experience any significant long-term effects.

Sources: Dr. Rizwan Shah, Iowa Child Protection Council; Dr. Michael Sherman, Chief of Neonatology at UC Davis; Dr. Annette Greife, Yellowstone Pediatric Neurology

Parents who use meth may exhibit:

- ❖ Extreme mood fluctuations
- ❖ Violent behavior
- ❖ Depression
- ❖ Poor impulse control
- ❖ Lack of attention to hygiene
- ❖ Acute psychotic episodes
- ❖ Poly-drug abuse

As meth use continues, the parent is often unable to meet the basic needs of the child. Due to changes in brain chemistry, the parent may lose the capacity to provide appropriate care for children in the home.

Children whose parents use or manufacture meth may experience:

- ❖ Respiratory problems
- ❖ Delayed speech and language skills
- ❖ Elevated risk for kidney problems and leukemia
- ❖ Malnourishment
- ❖ Poor school performance/attendance problems
- ❖ Isolation
- ❖ Lack of immunizations/medical care
- ❖ Poor dental health
- ❖ Hyperactivity/attention deficit disorders
- ❖ Lice
- ❖ Obesity
- ❖ Developmental problems
- ❖ Violent behavior
- ❖ Drug usage
- ❖ Lack of boundaries/easy attachment to strangers

Children who ingest meth may exhibit:

Agitation, inconsolability, tachycardia, respiratory problems (such as asthma), nausea, protracted vomiting, Hyperthermia, ataxia, roving eye movements, seizures, and headaches.

Source: Dr. Jennifer Geyer, Mesa Center Against Family Violence

www.ksmethpreventionproject.org © 2004 Kansas Methamphetamine Prevention Project

WEBSITES with information about Methamphetamine

Trends in Oregon:

http://www.methresources.gov/antimeth/pdfs/Oregon_fs.pdf

Oregon Drug Alliance for Drug Endangered Children website

<http://www.oregondec.org/>

Find treatment:

<http://findtreatment.samhsa.gov/faq.htm>

Research:

http://www.nyhealth.gov/diseases/aids/harm_reduction/crystalmeth/docs/meth_literature_index.pdf **448 pages**

NIDA note Information:

<http://www.drugabuse.gov/PDF/NNCollections/NNClubDrugs.pdf> **68 pages**

Physical environment and housing:

Columbia County Meth Task Force brochure

<http://www.co.columbia.or.us/ccccf/pdfs/methhousesbrochure.pdf>

(CBS4) Industrial hygienists, real estate agents and potential home buyers can now use a new and fairly simple way to find out if methamphetamine has been cooked or even smoked in a house. The instant response meth test works similarly to other in-home tests, and the results are immediate.

<http://www.meth-wipe.com/>